

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

Amended

-vs-

**Attorney's Petition for Waiver
of Fees and Costs
Affidavit of Indigency**

Case No. _____

UNDER OATH, I STATE:

1. I am an attorney who represents _____ in the above-entitled action.
2. I represent my client through a legal services program for indigent persons:
 - The State Public Defender's Office.
 - A civil legal services program.
Name of civil legal services program: _____
 - A volunteer attorney program that is based on indigency.
Name of volunteer program: _____
 - Other: _____
3. Because of poverty, my client is unable to pay any filing and services fees, including the electronic filing fee, or _____, in this action, proceeding, or appeal, or give security for those fees.

Based on the circumstances outlined in this petition, I request a waiver of the above-referenced fees. I have filed a copy of my pleading in this matter.

I understand that if the financial situation of my client changes, I must notify the court immediately.

State of _____
 County of _____
 Subscribed and sworn to before me on _____

 Notary Public/Court Official

 Name Printed or Typed

My commission/term expires: _____

This notarial act involved the use of communication technology.

▶ _____
 Attorney's Signature

 Attorney's Print or Type Name

 Attorney's Address

 Attorney's Email Address Attorney's Telephone Number

 Date State Bar No. (if any)